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APPLICANTS

Peter J. Geiss, Underhill, VT;
 Alvin J. Joseph, Williston, VT;
 Xuefeng Liu, South Burlington, VT; James S. Nakos, Essex Junction, VT;
 James J. Quinlivan, Essex Junction, VT;

**** CONTINUING DATA *******

None B+

**** FOREIGN APPLICATIONS *******

None B+

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	VT	DRAWING 5	CLAIMS 20	CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

023550
 HOFFMAN WARNICK & D'ALESSANDRO, LLC
 3 E-COMM SQUARE
 ALBANY , NY
 12207

TITLE

SILICON DIOXIDE REMOVING METHOD

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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